

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	KI

Statement of Committee Organization

1.	Statement Information				
	Date: 06/29/2016				
	Type: New Amended (if amending, enter MEC ID (1/6) 289 & section changed				
2.	Committee Information				
	Right to Vote				
	Name of Committee		570 O40 4000		
	1805 South Aurora Street Eldon, MO 65026	0	(573)216-4668		
	Committee Maining Address, City, State, & Zip	Miller County, Geni	se Buechter		
		County Clerk or Board of Election Commission			
	Committee Type: Campaign Candidate Continuing (P	AC) Debt Service Explo	pratory Political Party		
3.	Treasurer/Deputy Treasurer Information				
	Nimrod Chapel, Je.				
	Treasurer's Name (First & Last) 219 E. Dunklin St. Jefferson City, MO 65101	Treasurer's Email Address (optional)	,573 \634-8884		
	Treasurer's Malling Address, City, State, & Zip	() Treasurer's Home Telephone Number	Treasurer's Work Telephone Number		
	Kayla Scrivner				
	Deputy Treasurer's Name (If one appointed)	Leputy treasurer's email Address (optional)	***************************************		
	1805 S. Aurora Street Eldon, MO 65026	()	₍ 573 ₎ 216-4668		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
4.	Additional Committee Information				
	Ronald Berry	3685 Jefferson Street Kans	sas City, MO 64111		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip		
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	Vos (refer to instructions on h	ack) [No		
5.	Official Bank Account Information (required by all committees)		ack)		
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٥.	Candidate Supported or Opposed (candidate Communication in the	The second secon	1		
		/ \	1		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	nly)		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)			
	Amendment 6	11/08/2016, Missouri	Oppose		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
ί.	Signature(s) Check certification(s) & sign (required by all comm	ittees)			
_	Apanirm and attest punder penalty of perjury) that information and facts in this report are complete, true, and accurate. I				
•	further acknowledge that a ware that any false statement or declaration made herein is puns south with commission				
/					
1	committee Teasure	Candidate (Candidate Committees Only)	JUL 1 4 2016		

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.